## Erie County Department of Mental Health Housing Unit Safety Initial/Annual Inspection Checklist

Component	Living Room	Kitchen	Bathrm	Bedrm #1	Bedrm #2	Bedrm #3	Bedrm #4	Utility Room	Other Room/
Component	Koom			#1	#2	#3	#4	Koom	Hall
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Ceiling	□Fail	∏Fail	□Fail	□Fail	□Fail	∏Fail	□Fail	□Fail	□Fail
Cennig	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
Walls	Пр	Пр	Пр		Пр				
	☐Pass ☐Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
Floor									
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Window(s)	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
Door(s)	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Door(s)	Fail	∏Fail	∏Fail	Fail	∏Fail	Fail	□Fail	Fail	∏Fail
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Electricity	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
- ·	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Paint	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
Refrigerator		☐Pass ☐Fail							
		Pass							
Storage Area		Fail							
Prep Area		Pass	Pass						
Serving Area		Fail	Fail						
Sinks		Pass	Pass						
		Fail	Fail						
Range/Oven Bathroom		Pass	Pass						
Exhaust		∏Fail	∏Fail						
Toilet		Pass	Pass						
1 onet		Fail	Fail						
Tub/Shower		Pass	Pass						
		Fail	Fail						
Weatherization		☐Pass ☐Fail	Pass Fail						
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<sup>\*</sup>Must be accompanied by Inspection Coverpage and Follow-up page including staff signature.

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Component	Utility Room	Other Room/ Hall	Exterior	Health & Safety
Ceiling	□Pass □Fail	□Pass □Fail		
Walls	□Pass □Fail	□Pass □Fail		
Floor	□Pass □Fail	□Pass □Fail		
Window(s)	□Pass □Fail	□Pass □Fail		
Door(s)	□Pass □Fail	□Pass □Fail		
Electricity	□Pass □Fail	□Pass □Fail		
Paint	□Pass □Fail	□Pass □Fail	□Pass □Fail	
Roof/Gutters			□Pass □Fail	
Exterior Walls			□Pass □Fail	
Foundation			□Pass □Fail	
Chimney			□Pass □Fail	
Heater			□Pass □Fail	
Ventilation			□Pass □Fail	
Plumbing			□Pass □Fail	
Weatherization			□Pass □Fail	
Fire Exit				□Pass □Fail
Elevator				□Pass □Fail
Entrance				□Pass □Fail
Interior Stairs/Halls				□Pass □Fail
Indoor Air Pollution	`			□Pass □Fail
Smoke Detector(s)				□Pass □Fail
Rodents/Vermin				□None □Present
Neighborhood				□Safe □Unsafe

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